



PNMI Training Handout #2

Treatment/Rehabilitation Plan Signature Page

This Individual Treatment Plan was written by:

Mary Therapist, House Therapist, LCSW

Printed Name, title, and credentials

Mary Therapist, LCSW

Signature and credentials

Date: 05/31/15

Handwritten date

Licensed Practitioner Authorization (Approval):

I have assessed this child/youth and reviewed all available information regarding this child/youth's needs and progress, and by my signature below I am authorizing this plan as necessary and appropriate.

Agency-Authorized Licensed Clinical Practitioner Approving This Plan:

Elizabeth Director, LCSW, Group Home Director

Printed Name, Credentials, Agency Title

Elizabeth Director, LCSW

signature (Or E-Signature), Credentials

Date: 5/31/15

Date

Team Members (Persons who participated in the development of this plan):

Clinician

I have discussed this plan with JP O' Example to ensure his/her complete understanding, and have attempted to incorporate his/her concerns and suggestions into this plan.

☒ -Yes ☐ -No (Explanation): _____

I have discussed this plan with the child's parents to ensure their complete understanding, and have attempted to incorporate their concerns and suggestions into this plan:

☒ -Yes ☐ -No (Explanation): _____

Clinician Signature: Mary Therapist, LCSW

printed Name/Credential

Date: 05/31/15

Mary Therapist, LCSW

signature and credentials

Date: 05/31/15

handwritten date

Child/Youth: I participated in the development of this plan through:

Attendance at planning meeting - ☒

Participation in a planning meeting via phone- ☐

Discussion with a clinician- ☒

Other- ☐

Child/Youth

Signature: JP O' Example/Youth

printed name/relationship

JP O' Example

signature

Date: 05/31/15

handwritten date

Explanation for child/youth not participating in the development of this plan and/or not signing it:

Parent 1

I participated in the development of this plan through:

Attendance at planning meeting ☒ Participation in a planning meeting via phone-

I did not participate but have reviewed this plan- ☐ I understand and accept this plan ☐

Discussion with a clinician- ☒

Other- ☐

Parent/Family

Signature: Olga O' Example/Mother

printed name/relationship

Olga O' Example

signature

Date: 05/31/15

handwritten date

Explanation for parent not participating in the development of this plan or indicating they do not accept this plan and/or not signing it:

Parent 2



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I participated in the development of this plan through:

Attendance at planning meeting - ☐ Participation in a planning meeting via phone - ☐ Discussion with a clinician - ☐

Other - ☐ _____

I did not participate but have reviewed this plan - ☐ I understand and accept this plan - ☐

Parent/Family

Signature: _____

printed name/relationship

signature

Date: _____

handwritten date

Explanation for parent not participating in the development of this plan or indicating they do not accept this plan and/or not signing it: Mr. O' Example was recently admitted into an in-patient treatment program for alcohol dependence. The program does not allow calls or contacts the first two weeks. A copy of the plan was sent to him today. M.T. 5/31/15

DCF Staff

I participated in the development of this plan through:

Attendance at planning meeting - ☒ Participation in a planning meeting via phone - ☐ Discussion with a clinician - ☒

Other - ☐ _____

I did not participate but have reviewed this plan - ☐

DCF Signature: John Doe/AOSW

printed name/title

John Doe

signature

Date: 05/31/15

handwritten date

Explanation for DCF staff not participating in the development of this plan or indicating they do not accept this plan and/or not signing it:

Guardian (if other than any above)

I participated in the development of this plan through:

Attendance at planning meeting - ☐ Participation in a planning meeting via phone - ☐ Discussion with a clinician - ☐

Other - ☐ _____

I did not participate but have reviewed this plan - ☐ I understand and accept this plan - ☐

Guardian Signature: _____

printed name/relationship

signature

Date: 05/31/15

handwritten date

Explanation for Guardian not participating in the development of this plan or indicating they do not accept this plan and/or not signing it:

Other Interested Person

I participated in the development of this plan through:

Attendance at planning meeting - ☒ Participation in a planning meeting via phone - ☐ Discussion with a clinician - ☒

Other - ☐ _____

I did not participate but have reviewed this plan - ☐ I understand and accept this plan - ☐

Other Signature Freda Deutsch, Grandmother

printed name/title or role

Freda Deutsch

signature

Date: 5/31/15

handwritten date

Explanation for other Interested Person not participating in the development of this plan or indicating they do not accept this plan and/or not signing it:

A copy of this plan was given to (please indicate the date the copy was given or sent and initial as sender and if a copy was not given please explain why):

Child/Youth - 5/31/15 MT

Parent 1 - 5/31/15 MT

Parent 2 - 5/31/15 MT

Other Involved Relative (s) - Maternal grandmother-5/31/15 MT

DCF Worker-5/31/15 MT



If a copy was not given to child, parent(s) and/or other involved relatives or DCF explain why below, or, if the plan (or a copy) was made available to child, parents and/or other involved relatives for reading upon request, please state so below and explain why: _____
